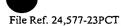
Express Mail No. EV126129784US

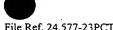
PCT		For receiving Office use only			
~ ~ ~					
REQUEST	International Application No				
÷		·			
The undersigned requests that the present	International Filing Date	·			
International application be processed					
according to the Patent Cooperation Treaty					
	Nome of consising Office and	I IDCT International Auriliantical			
		d "PCT International Application"			
	Applicant's or agent's file referent (if desired) (12 characters maxir				
Box No. I TITLE OF INVENTION					
Method and System for Displaying Confidence Intervals for S	ource Reconstruction				
Box No. II APPLICANT	s person in also inventor				
Name and address: (Family name followed by given name designation. The address must include postal code and name address indicated in this Box is the applicant's State (that is, of residence is indicated below.)	e of country. The country of the	Telephone No.: (763) 717-3975			
COMPUMEDICS USA, INC.		Facsimile No.: (763) 717-3973			
7950 University Avenue NE		Teleprinter No.			
Fridley, Minnesota 55432 US		Applicant's registration No. with the Office			
State (that is, country) of nationality: US State (that is, country) of residence: US					
This person is applicant all designated all designated	. —	nited States			
for the purposes of: States the United	States of America of An	nerica only the Supplemental Box			
Box No. III FURTHER APPLICANT(S) AND/OR (FUR	THER) INVENTOR(S)				
Name and address: (Family name followed by given name, designation. The address must include postal code and name address indicated in this Box is the applicant's State (that is, of residence is indicated below.) FUCHS, Manfred Burgwedeltwiete 16b 22457 Hamburg, Germany	of country. The country of the	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the			
		Office			
State (that is, country) of nationality: Germany This person is applicant all designated all d	State (that is, country) of residen				
States		nited States the States indicated in the Supplemental Box			
☐ Further applicants and/or (further) inventors are indicated		The Supplemental Box			
Box No. IV AGENT OR COMMON REPRESENTATIV		SPONDENCE			
The person identified below is hereby/has been appointed to a	ct on behalf				
of the applicant(s) before the competent International Authorit Name and address: (Family name followed by give name		common representative			
designation. The address must include postal code and name		Telephone No. 612-321-2800			
Klos, John F.		Facsimile No. 612-321-9600			
FULBRIGHT & JAWORSKI L.L.P.					
225 South Sixth Street, Suite 4850		Teleprinter No.			
Minneapolis, MN 55402-4320 USA					
OUR	·	Agent's Registration No. with the Office: 37,162			
Address for correspondence: Mark this check-box wh	nere no agent or common represer	ntative is/has been appointed and the space			

		•
Sheet No: 3	File Ref. 24	,577-23PCT

Box No. VI PRIORITY CLAIM						
The priority of the following earlier application(s) is hereby claimed:						
		Where earlier application is:				
Filing Date of earlier application (day/month/year)	Number of earlier application	National application: Country	Regional application:* regional Office	International application: Receiving Office		
Item (1) 03/07/02	60/393,908	. US				
Item (2)						
Item (3)						
Item (4)						
Item (5)		*		<i>.</i>		
Further priority claims are	indicated in the Supplemen	ntal Box.				
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as						
all items item (1)	item (2) i	item (3)	item (5) other	see Supplemental Box		
* Where the earlier application is an ARIPO application indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)						
BOX No. VII INTERNAT	IONAL SEARCHING	AUTHORITY				
Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):						
ISA / EP						
Request to use results of earli International Searching Authority	/):	that search (if an earlie	r search has been carried o	ut by or requested from the		
Date (day/month/year)	Number	Cour	ntry (or regional Office):			
Box No. VIII DECLARATIONS						
The following declarations are c indicate in the right column the n			pplicable check-boxes below	and Number of declarations		
☐ Box No. VIII(i)	Declaration as to the	ne identity of the inventor				
☐ Box No. VIII(ii)		Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent				
Box No. VIII(iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application						
☐ Box No. VIII(iv)		Declaration of inventorship (only for the purposes of the designation of the United States of America)				
☐ Box No. VIII(v)	Declaration as to no	on-prejudicial disclosures	or exceptions to lack of nove	elty		



This international application contains: (a) the following number of sheets in paper form:	14	This international application is accompanied by the following item(s)(mark the applicable check-boxes below and indicate in right column the number of each item):	
paper form.	1-7	Column the number of each tienty.	1
request (including declaration sheets)	4	1. fee calculation sheet	1
description (excluding sheets sequence	9	2. original signed power of attorney	
listing part)		3. original general power of attorney	
:		4. copy of general power of attorney; reference number, if any:	1.
claims	3	5. Statement explaining lack of signature	
		6. priority document(s) identified in Box No. VI as item(s):	
abstract	1	7. Translation of international application into (language):	
drawings	5	8. Separate indications concerning deposited microorganisms or other biological material	
Sub-total number of sheets		9. separate listing in computer readable form (indicate also type and number of carriers (diskette, CD-Rom, CD-R or other)	
Sequence listing part of description (actual number of sheets if filed in a		 (i) copy submitted for the purposes of international search under 13ter only (and not as part of the international application) 	
paper form, whether or not also filed in computer readable form; see (b) below)	,	 (ii) (only where check-box (b)(i) or b(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes 	
Total number of sheets	36	of international search under Rule 13 <i>ter</i> (iii) together with relevant statement as to the identity of the copy or	'
(b) sequence listing part of description filed in computer readable form		copies with the sequence listing part mentioned in left column 10. Other (specify): return receipt postcard	
(i) only (under Section 801(a)(I))		· · ·	1
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(ii) ☐ in addition to being filed in paper form (under Section 801(a)(ii))		•	
Type and number of carriers			ļ
(diskette, CD-ROM, CD-R or other) on			
which the sequence listing part is contained (additional copies to be		•	
indicated under item 9(ii), in right			1.
column):			
Figure of the drawings 1 (one)		Language of filing of the international application: English	<u> </u>
Box No. X SIGNATURE OF APPL			
lext to each signature, indicate the name of the reame of the request).	of the pe	son signing and the capacity in which the person signs (if such capacity is	not obvious
		*	
Jan Kan			
ohn F. Klos, Applicant's Agent			
· · · · · · · · · · · · · · · · · · ·	■For re	eiving Office use only	
. Date of actual receipt of the purportenternational application:	d	2. Drawing	ţs:
	1		
 Corrected date of actual receipt due to late timely received papers or drawings comple the purported international application: 		[] receive	ed:
Date of timely receipt of the required corrections under PCT Article 11(2):		[] not rec	eived
. International Searching Authority		6 Transmittal of search convide layed	
· nicinational ocarching Authority		6. [] Transmittal of search copy delayed	



_,,	Sheet 140. 2	1 HC RCI. 24,577-251 C1			
Box No. V DESIGNATION OF STA	TES Mark the applicable check-boxes; a	t least one must be marked.			
The following designations are hereby made under Rule 4.9(a) Regional Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierre Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT					
EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT					
EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey and any other State which is a Contracting State of the European Patent Convention and of the PCT					
OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)					
N	Mayo	575			
■ AE United Arab Emirates	GH Ghana	MX Mexico			
	GM Gambia				
AL Albania		NO Norway			
	☐ HU Hungary	NZ New Zealand			
AT Austria	☑ID Indonesia	☑PH Philippines			
AU Australia	⊠IL Israel	☑PL Poland			
AZ Azerbaijan	⊠IN India	PT Portugal			
⊠BA Bosnia and	⊠IS Iceland	⊠RO Romania			
Herzegovina	☑JP Japan	⊠RU Russian Federation			
	MVF V				
⊠BB Barbados		57on o .			
⊠BG Bulgaria		⊠SD Sudan			
BR Brazil	KP Democratic People's Republic of	SE Sweden			
■BY Belarus	Korea	SG Singapore			
⊠BZ Belize	KR Republic of Korea	⊠SI Slovenia.			
	KZ Kazakstan	SK Slovakia			
	□LC Saint Lucia	SL Sierra Leone			
⊠CN China	LK Sri Lanka	☐TJ Tajikistan			
CO Colombia		☑TM Turkmenistan			
⊠CR Costa Rica		⊠TN Tunisia			
⊠CU Cuba		TR Turkey			
⊠CZ Czech Republic		☐TT Trinidad and Tobago			
☑DE Germany		ZXII IIIIIdd and Iooago			
⊠DK Denmark	MA Morocco	☐TZ The United Republic of Tanzania			
⊠DM Dominica	MD Republic of Moldova	☐ UA Ukraine			
⊠DZ Algeria					
	Magazi i	⊠UG Uganda			
⊠EE Estonia	MG Madagascar	☑US United States of America			
⊠EC Ecuador	MK The former Yugoslav Republic of	Continuation			
⊠ES Spain	Macedonia	ZUZ Uzbekistan			
	MN Mongolia	∇N Viet Nam			
☐GB United Kingdom	MW Malawi	YU Yugoslavia Yugoslavi			
☑GD Grenada		ZA South Africa			
GE Georgia		ZM Zambia			
	ates which have become party to the PCT after i				
]				
Precautionary Designation Statement: In addition to the designations made above the analyzation makes under Dule 4.0(h) all other designations which would be					

permitted under the PCT except the designations(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)



This sheet is not part of and does not count as a sheet of the international application.

PCI	_ For	r receiving Office use only		
FEE CALCULATION SHEET	For receiving Office use only		·	
		nal application No		
			······································	
Applicant's or agent's	Date stamp of the receive	ing Office		
file reference: 24,577-23PCT	<u> </u>	·		
Applicant: Compumedics USA, Inc.	· · · · · · · · · · · · · · · · · · ·			
CALCULATION OF PRESCRIBED FEES				
1. TRANSMITTAL FEE		\$ 240.00 T		
2. SEARCH FEE		\$1,020.00 S		
International search to be carried out by <u>ISA / EP</u> (If two or more International Searching Authorities are comp the name of the Authority which is chosen to carry out the inte				
3. INTERNATIONAL FEE Basic Fee Where item (b) of Box No. IX applies, enter Sub-total number Where item(b) of Box No. IX does not apply, enter Total number				
b1 first 30 sheets	\$476.00 b ₁	*		
b2 5 x <u>12</u> number of sheets fee per sheet in excess of 30	\$ 60.00 b2			
b3 additional component (only if sequence listing part of desc Section 801(a)(I), or both in that form and on paper, under Sec		dable form under		
400 x = \$				
Add amounts entered at b1, b2 and b3 and enter total at B	\$536.00 B	7		
Designation Fees The international application contains <u>all_designations</u> . 5x <u>\$104</u>	\$520.00 D			
Add amounts entered at B and D and enter total at I	n of 75% of thee) so entitled, the			
4. FEE FOR PRIORITY DOCUMENT (if applicable)		\$ 15.00		
S TOTAL PEEC DAVABLE		Р	·	
5. TOTAL FEES PAYABLE Add amounts entered at T, S, I and P, and enter total in the TO	TAL box	\$2,331.00	·	
☐ The designation fees are not paid at this time.	<u>-</u>	TOTAL	·	
MODE OF PAYMENT				
□ authorization to charge □ bank draft deposit account (see below) □ postal money order □ cheque	☐ cash ☐ revenue stamps	coupons other (specify):		
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT (This mode of payment may not be available at all receiving of		Receiving Office: US		
Authorization to charge the total fees indicated above.	·	Deposit Account No.: 50- Date: July 1, 2003	1212 (24,577-23PCT)	
☐ (This check-box may be marked only if the conditions receiving Office so permit) Authorization to charge any deficient in the total fees indicated above		Name: John F. Klos, Esq. Signature:		
Authorization to charge the fee for priority document.	•			